



THE UCLA CENTER FOR HEALTH POLICY RESEARCH



The Center's 2018 Health Policy Seminar Series:

How Proposed Changes to the 'Public Charge' Rule Will Affect Health, Hunger and the Economy in California

Ninez Ponce, Laurel Lucia and Tia Shimada

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11.29.18 Version changes:

- Slide 26, updated estimated reduction in CalFresh federal benefits for LA County
- Slide 47, updated statement of children affected ("Nearly 70%")
- Slide 50-51, new slides with addition of recent research
- Slide 52, new slide on distribution of CalFresh and/or Medi-Cal chilling effect population by age and race/ethnicity

Today's Speakers and Funders



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California
Health Care
Foundation



Overview

- Immigrants and the State of California
- Public Charge Definition & Proposed Changes
- Methods
- CalFresh
- Medi-Cal
- Economic Ripple Effect
- Taking Action
- Q & A

The State of California

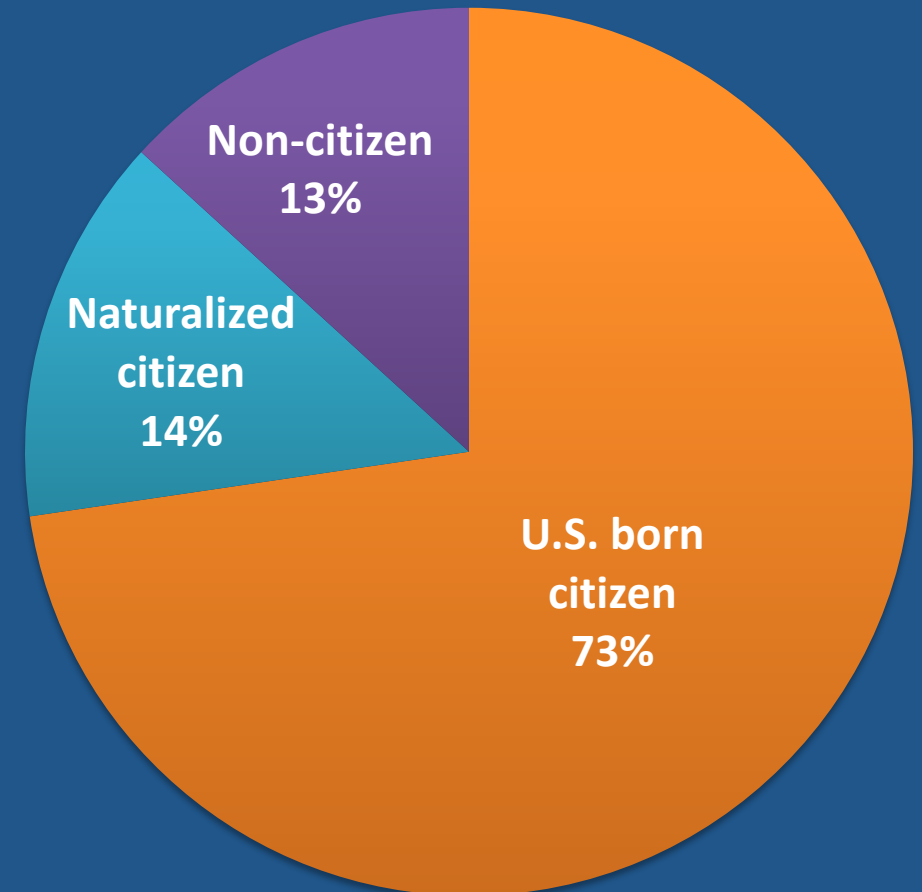
California has the 5th largest economy in the world

- 38 million people
- 27% immigrants (not U.S.-born)
- The most Legal Permanent Residents (LPR) in the country: ~ 3.3 million
- 4 in 10 obtaining LPR status in 2016 from Asia
- Mexico top country of origin for new LPRs (1 in 4 LPRs) in 2016

Mixed-Status Families

- 26% of 9.7 M California children (2.6 million) are U.S. citizens with a non-citizen parent

Total Population by Citizenship Status



Source: Current Population Survey from Kaiser Family Foundation March 2018 report on public charge

Source: 2015/16 CHIS

Public Charge: Definition

The United States Citizenship and Immigration Services (USCIS) definition of Public Charge:

- *An individual who is likely to become “primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense.”*

Public Charge: Current

Test

Is a person likely to become primarily dependent on the government for basic needs?

Triggers

Receipt of cash assistance or institutionalization for long-term care

Factors

- Age
- Health
- Family Status
- Financial Status
- Education & skills
- Affidavit of support (sponsorship)

Public Charge: Current

When

Someone...

- Applies to enter the U.S.
- Applies to become a Legal Permanent Resident (LPR)
- A Legal Permanent Resident leaves the U.S. for 180 consecutive days & re-enters

Who

The public charge test does NOT apply to...

LPRs applying for citizenship, refugees, asylees, survivors of trafficking or domestic violence, among other groups of non-citizens

Public Charge: Proposed Changes

Favor the those with higher income...

- Only one heavily weighted positive factor: Income \geq 250% FPG

Work against many others...

- Harsher standards for personal circumstances: Children, seniors, and people with limited English proficiency, limited education, medical conditions, large families

Threaten health, food security, paths to success

- Heavily weighted negative factor: Public benefits including Medi-Cal (Medicaid), Medicare Part D Low-Income Subsidy, CalFresh (SNAP) nutrition assistance, housing assistance

Public Charge: Proposed Changes

Not retroactive

- Public benefits (other than cash assistance and long-term care) received before the proposed rule is finalized will NOT apply

Counter to our core values

- A nation of immigrants
- A state built and thriving on the contributions of immigrants
- Stoke fear and confusion

Public Charge: Proposed Changes

Will harm children and families not legally affected by the changes

- *A Spanish-speaking mom with a child enrolled in WIC requested that her WIC checks be canceled. She had heard on Telemundo that WIC is a public charge program. She no longer wanted to receive services. (National WIC Association)*
- *A pregnant woman brought in a Korean-language news article titled “If You Receive Food Stamps, You Won’t Get Your Residency.” The article’s subtitle explicitly mentioned WIC. The mother-to-be is on a working visa and fears that she won’t receive a green card as a result of her WIC benefits. (National WIC Association)*

Entire communities benefit when all have access to food and health care. Entire communities bear the weight when access is withheld.

Methods

Methods

Disenrollment

When an enrollee stops participating in a program

Key Definitions

Chilling effect

Disenrollment from public programs by qualified enrollees due to confusion, fear and misinformation

LPR

Lawful permanent residents or “green card” holders

Public Benefits Included in Proposed Public Charge Rule

CURRENT

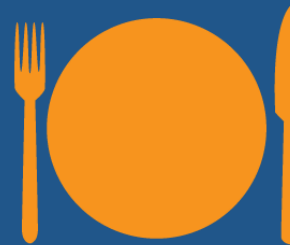


- SSI*
- CalWORKS/TANF*
- Cash assistance programs*



- Public assistance for long-term institutional care*

PROPOSED ADDITIONS



- CalFresh (SNAP)



- Medicaid/Medi-Cal
- Medicare Part D Low-Income Subsidy Program



- Section 8 (Housing Voucher & Rental Assistance programs)
- Subsidized Public Housing

*Benefits included in current rule (per *Inadmissibility and Deportability on Public Charge Grounds*, 1999)

Methods

Data: CHIS 2015/2016 Individual-level analysis

Chilling effect population = Potential disenrollment of individuals who are eligible for the **federally-funded** benefit



Use 2018 \$ amounts per enrollee for full-scope Medi-Cal by

CHIP: 88% Federal

Medicaid children: 50%

ACA Expansion: 94%

Others: 50%



Use 2018 average CalFresh \$ benefit level by

County: 100% Federal



Economic multiplier model: IMPLAN

Disenrollment Assumptions: 15%, 25%, 35%

Rationale: Studies of welfare reform – The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) – show immigrant disenrollment from public benefits, even when qualified, due to confusion and fear; range of 15%-35% disenrollment for all non-citizen immigrants & mixed-family children, up to 60% for refugees

Key studies

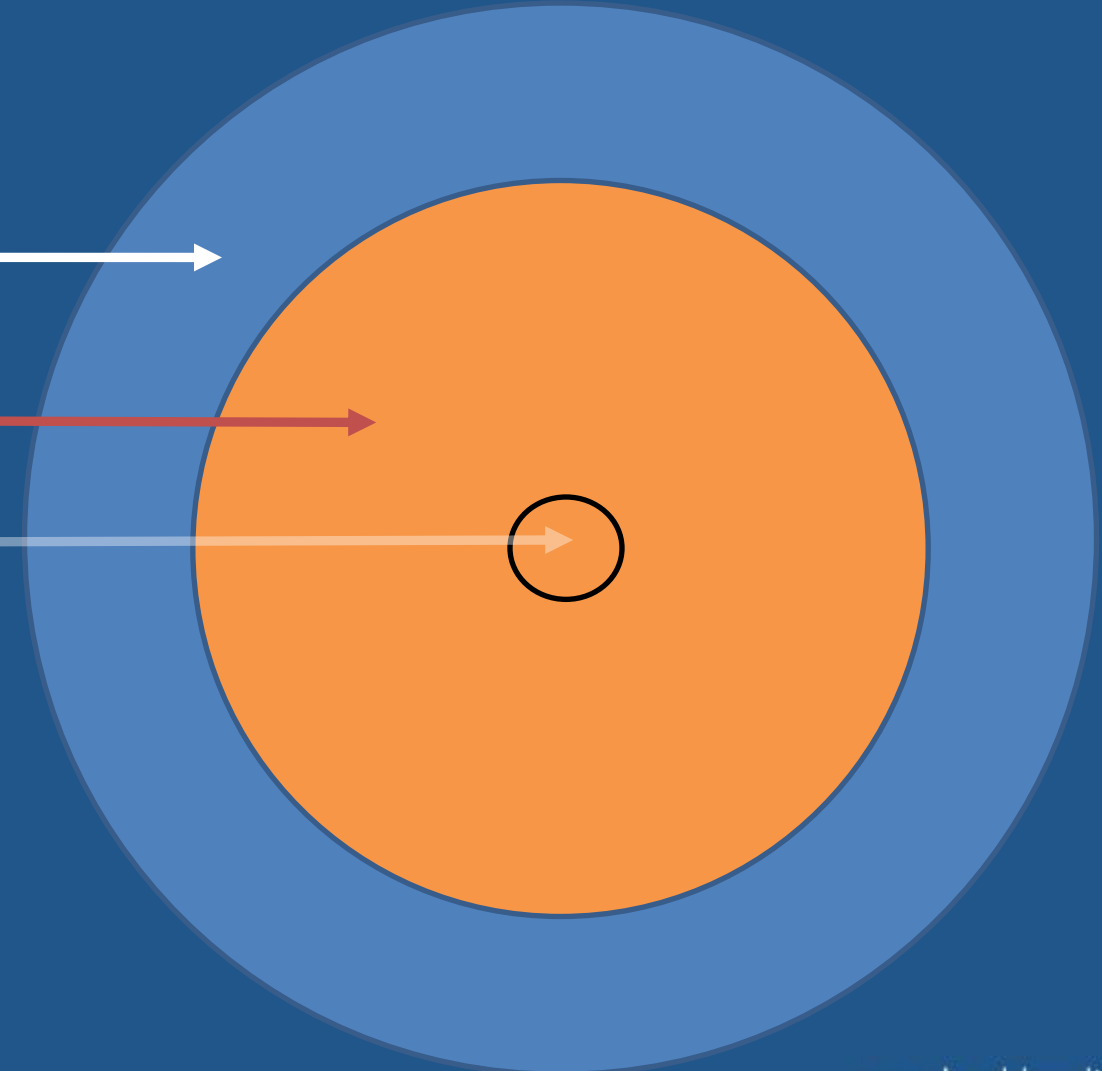
- Fix, M., & Passel, J. (1999). Trends in noncitizens' and citizens' use of public benefits following welfare reform, 1994-97. Washington D.C.: Urban Institute.
- Fix, M., & Passel, J. (2002). The scope and impact of welfare reform's immigrant provisions. Washington D.C.: Urban Institute.
- Kandula, N. R., Grogan, C. M., Rathouz, P. J., & Lauderdale, D. S. (2004). The unintended impact of welfare reform on the Medicaid enrollment of eligible immigrants. *Health Serv Res*, 39(5),1509-1526.

Defining the population affected

All Californians in a household with a non-citizen, with at least one member participating in a public program and/or income below 250% FPL

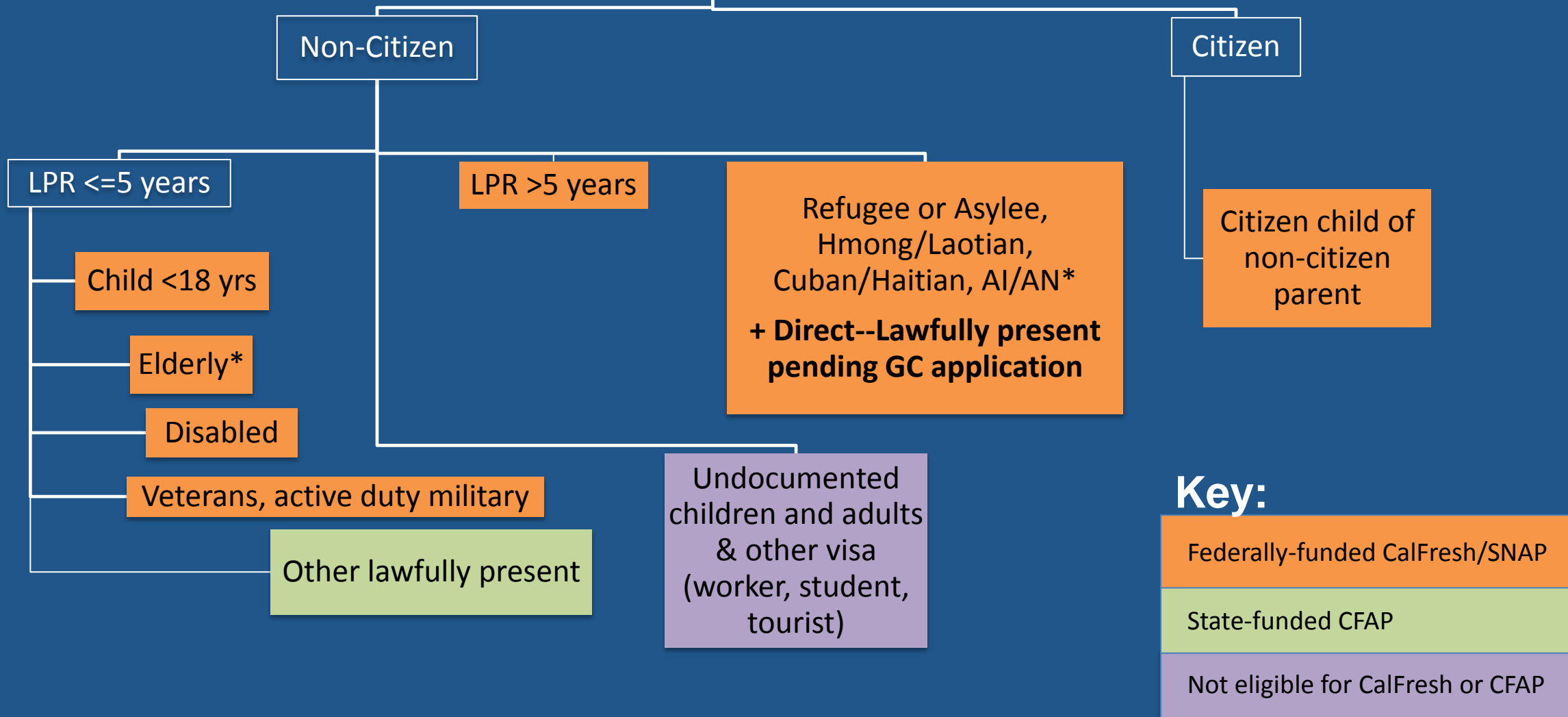
California population of focus for our analysis

Californians who may potentially be denied a green card based on public benefit use as proposed in public charge test



CalFresh (SNAP) Eligibility of Non-citizen Individuals

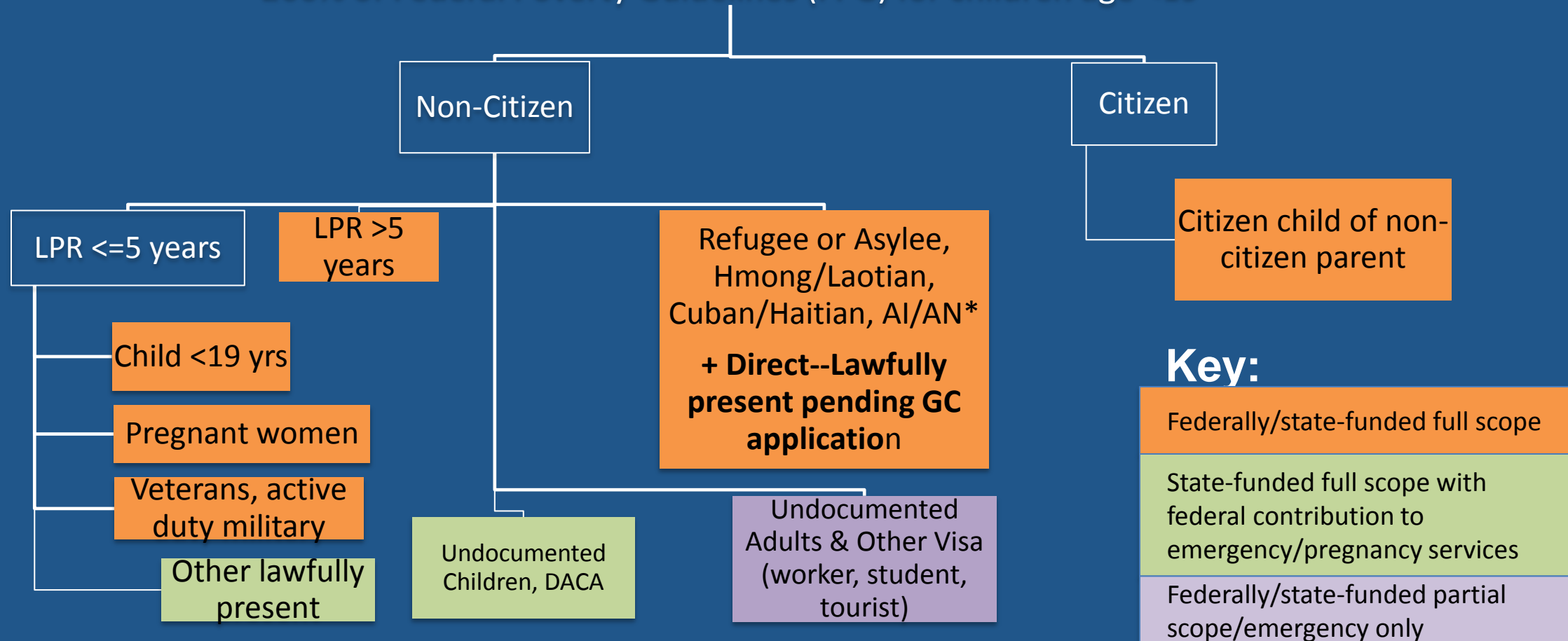
Household Income up to 130% of Federal Poverty Guidelines (FPG)



*Elderly individuals born on or before 8/22/1931 and who lawfully resided in U.S. on 8/22/1996, AI/AN = American Indian/Alaska Native born abroad
Sources :<https://www.fns.usda.gov/snap/snap-policy-non-citizen-eligibility>, <http://calfresh.guide/immigrant-eligibility-for-calfresh-benefits/#qualified>

Medi-Cal (Medicaid) Eligibility of Non-citizen Individuals

Household income up to 138% of Federal Poverty Guidelines (FPG) for Adults & 266% of Federal Poverty Guidelines (FPG) for children age <19



*Elderly individuals born on or before 8/22/1931 and who lawfully resided in U.S. on 8/22/1996, AI/AN = American Indian/Alaska Native born abroad

Sources :<https://www.fns.usda.gov/snap/snap-policy-non-citizen-eligibility>, https://www.dhcs.ca.gov/dataandstats/statistics/Documents/noncitizen_brief_ADAfinal.pdf

State & Substate Estimates

Region

NORTHERN/SIERRA Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba

SACRAMENTO AREA El Dorado, Placer, Sacramento, Yolo

GREATER BAY AREA Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma

SAN JOAQUIN VALLEY Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

CENTRAL COAST Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura

LOS ANGELES Los Angeles

OTHER SOUTHERN CALIFORNIA Imperial, Orange, San Bernardino, San Diego, Riverside

Race/Ethnicity

Latino

Non-Latino Asian

Non-Latino White

Non-Latino Other Race

CalFresh

CalFresh

- CalFresh is California's Supplemental Nutrition Assistance Program (SNAP)
- Nutrition assistance for Californians struggling to make ends meet
- Provides resources for food, freeing up household income for other basic needs

Source: Measuring the Effect of SNAP Participation on Food Security, USDA, 2013. The CalFresh Food Assistance Program, Public Policy Institute of California, 2018. SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs, Center on Budget and Policy Priorities, 2018.

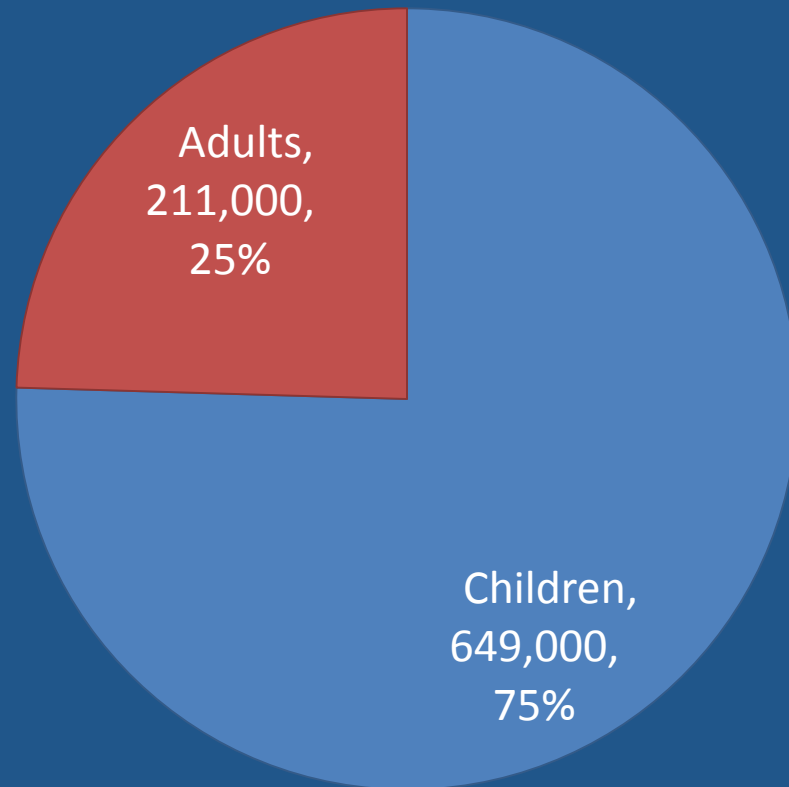
CalFresh

- 1 in 10 Californians
 - 85+% have income \leq 100% FPG
- Among CalFresh families
 - 74+% include children
 - Nearly 9% include seniors or individuals with disabilities
- Nearly half of CalFresh households have at least one working member

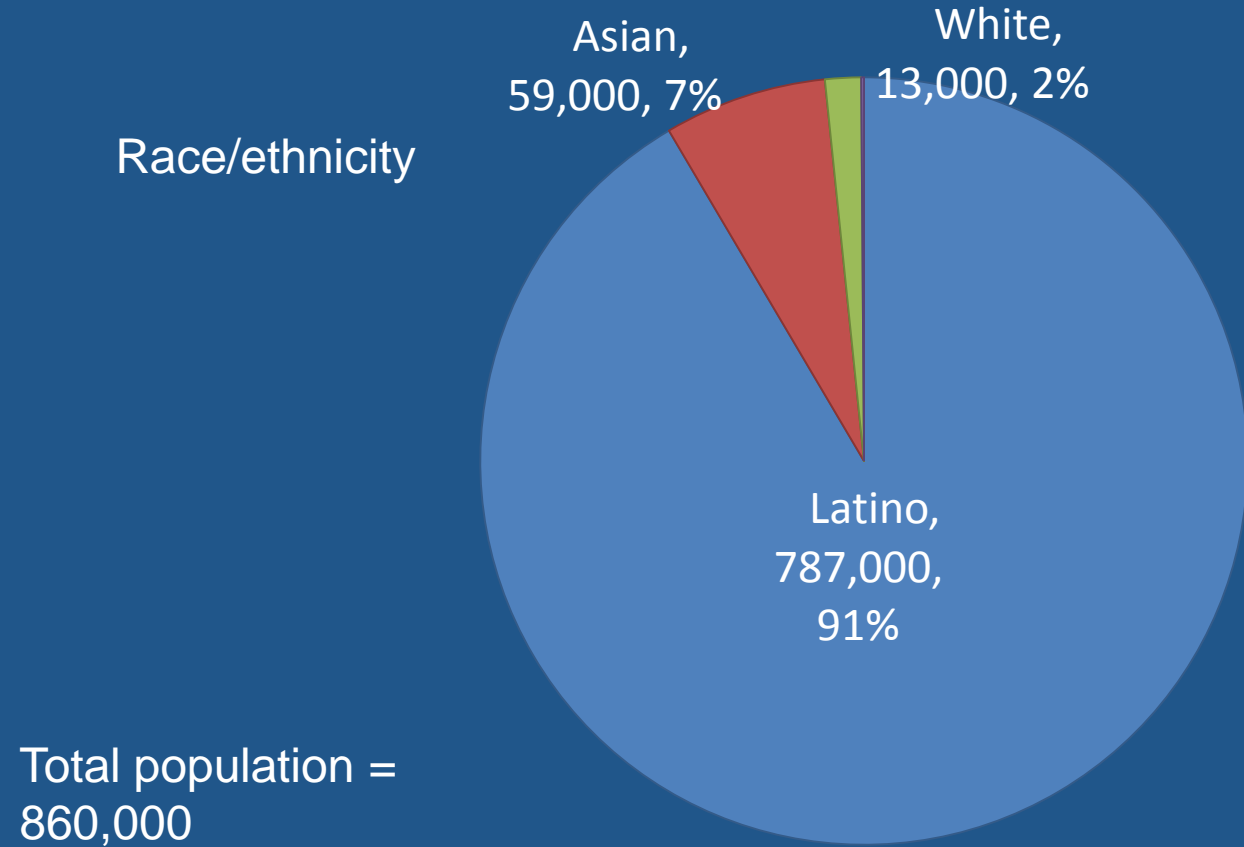
Source: Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2016, USDA, 2017. SNAP Factsheet for California (Fiscal Year 2017), Center on Budget and Policy Priorities, 2018.

CalFresh: Chilling effect population

Age



Race/ethnicity



Total population = 860,000

Notes: Enrollment estimates are rounded to the closest 1,000 individuals. Estimates may not sum to totals due to rounding.

CalFresh: Possible Disenrollment Scenarios

	Total CalFresh chilling effect population	Disenrollment rate scenarios (% of chilling effect population)			Estimated Reduction in Federal CalFresh Benefits (Annual)
		If 15%	If 25%	If 35%	
Total	860,000	-129,000	-215,000	-301,000	-\$209 million to -\$488 million

Notes: Enrollment estimates are rounded to the closest 1,000 individuals.

CalFresh: Possible Disenrollment Scenarios by CHIS Region

	If 15% of estimated chilling effect population disenrolls	If 25% disenroll	If 35% disenroll	Estimated Reduction in Federal CalFresh Benefits (Annual)
Bay Area	-20,000	-33,000	-46,000	-\$32 million to -\$74 million
Central Coast Area	-6,000	-10,000	-15,000	-\$10 million to -\$23 million
Los Angeles	-43,000	-71,000	-99,000	-\$71 million to -\$165 million
Northern and Sierra	-2,000	-3,000	-4,000	-\$3 million to -\$6 million
Other So. California	-34,000	-57,000	-80,000	-\$54 million to -\$126 million
Sacramento Area	-2,000	-4,000	-5,000	-\$4 million to -\$8 million
San Joaquin Valley	-23,000	-38,000	-53,000	-\$36 million to -\$83 million

Note: Enrollment estimates are rounded to the closest 1,000 individuals.

Why CalFresh Matters



Mitigates poverty: CalFresh moves 800,000+ Californians out of poverty, including 360,000+ children



Protects against hunger: Nationwide, decreases food insecurity 30% for households with children



Supports health: + birth outcomes, ↑ medication adherence, ↑ report excellent or very good health, ↓ chronic disease

Source: Measuring the Effect of SNAP Participation on Food Security, USDA, 2013. The CalFresh Food Assistance Program, Public Policy Institute of California, 2018. SNAP Is Linked with Improved Nutritional Outcomes and Lower Health Care Costs, Center on Budget and Policy Priorities, 2018.

Medi-Cal

Medi-Cal

- Medi-Cal is California's Medicaid Program
- Offers free or low-cost health coverage for children and adults with low income
- Medi-Cal is financed by the state and federal government

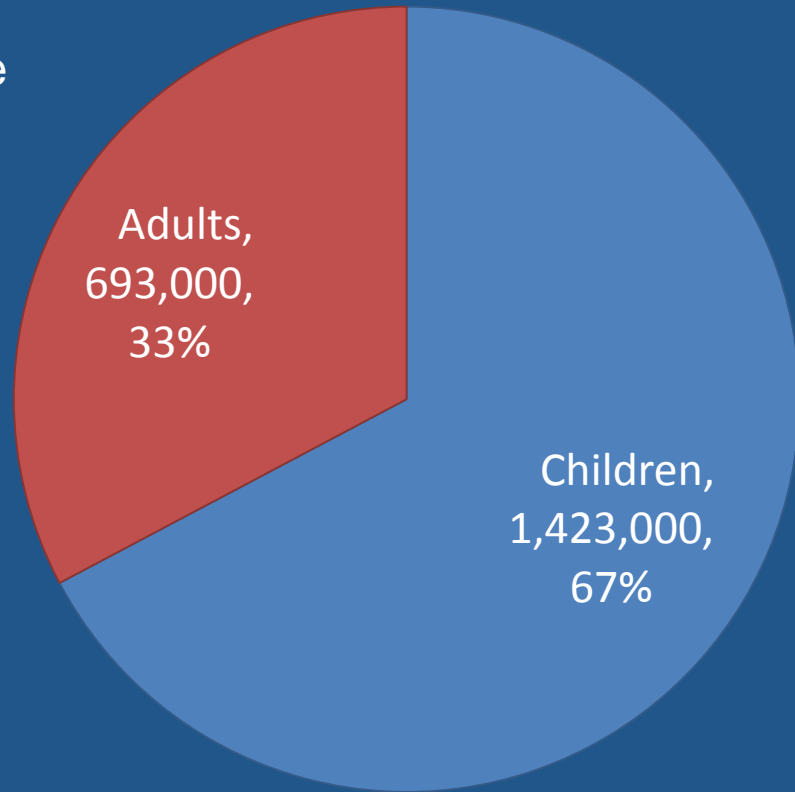
Medi-Cal

- 1 in 3 Californians
- Among Medi-Cal families
 - 6 in 10 in families with children
- 2 in 3 adults ages 18-64, work

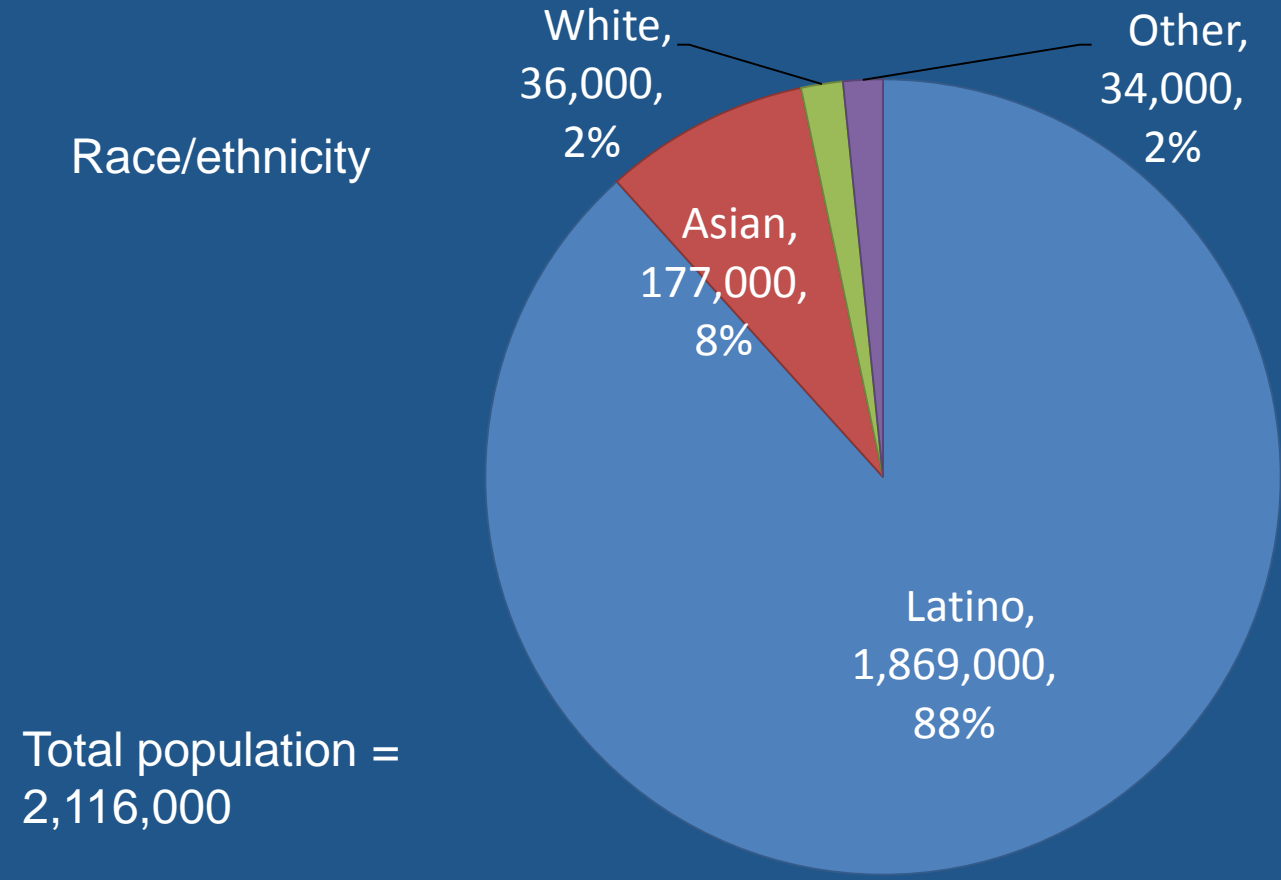
Source: 2015, 2016 California Health Interview Survey

Medi-Cal: Chilling effect population

Age



Race/ethnicity



Total population = 2,116,000

Notes: Enrollment estimates are rounded to the closest 1,000 individuals. Estimates may not sum to totals due to rounding.

Medi-Cal: Possible Disenrollment Scenarios

	Total Medi-Cal chilling effect population	Disenrollment rate scenarios (% of chilling effect population)			Annual reduction in federal support for Medi-Cal
		If 15%	If 25%	If 35%	
Total	2,116,000	-317,000	-529,000	-741,000	-\$509 million to -\$1.187 billion

Notes: Enrollment estimates are rounded to the closest 1,000 individuals. Estimates may not sum to totals due to rounding.

Medi-Cal: Possible Disenrollment Scenarios by CHIS Region

	Disenrollment rate scenarios (% of chilling effect population)			Annual reduction in federal support for Medi-Cal
	If 15%	If 25%	If 35%	
Bay Area	-42,000	-70,000	-98,000	-\$67 million to -\$157 million
Central Coast Area	-20,000	-33,000	-47,000	-\$33 million to -\$77 million
Los Angeles	-106,000	-177,000	-248,000	-\$174 million to -\$406 million
Northern and Sierra	-6,000	-10,000	-14,000	-\$9 million to -\$20 million
Other Southern California	-80,000	-133,000	-186,000	-\$124 million to -\$289 million
Sacramento Area	-9,000	-16,000	-22,000	-\$14 million to -\$34 million
San Joaquin Valley	-54,000	-90,000	-126,000	-\$87 million to -\$204 million

Note: Enrollment estimates are rounded to the closest 1,000 individuals.

Why Medi-Cal Matters



Children with Medi-Cal are more likely to graduate from high school and college; as adults, earn more and pay more taxes



California adults with Medi-Cal are 40% more likely to receive routine check-ups than uninsured adults: Children with Medi-Cal are twice as likely to receive routine preventive medical and dental care than uninsured children



Medi-Cal saves thousands of lives every year

Source: Harbage Consulting, "Medi-Cal Matters: A Snapshot of How Medi-Cal Coverage Benefits Californians, California Health Care Foundation September 2017.

Economic Ripple Effect

Economic Ripple Effect

-\$718 million to -\$1.67 billion = Reduction in federal benefits due to chilling effect under proposed public charge rule



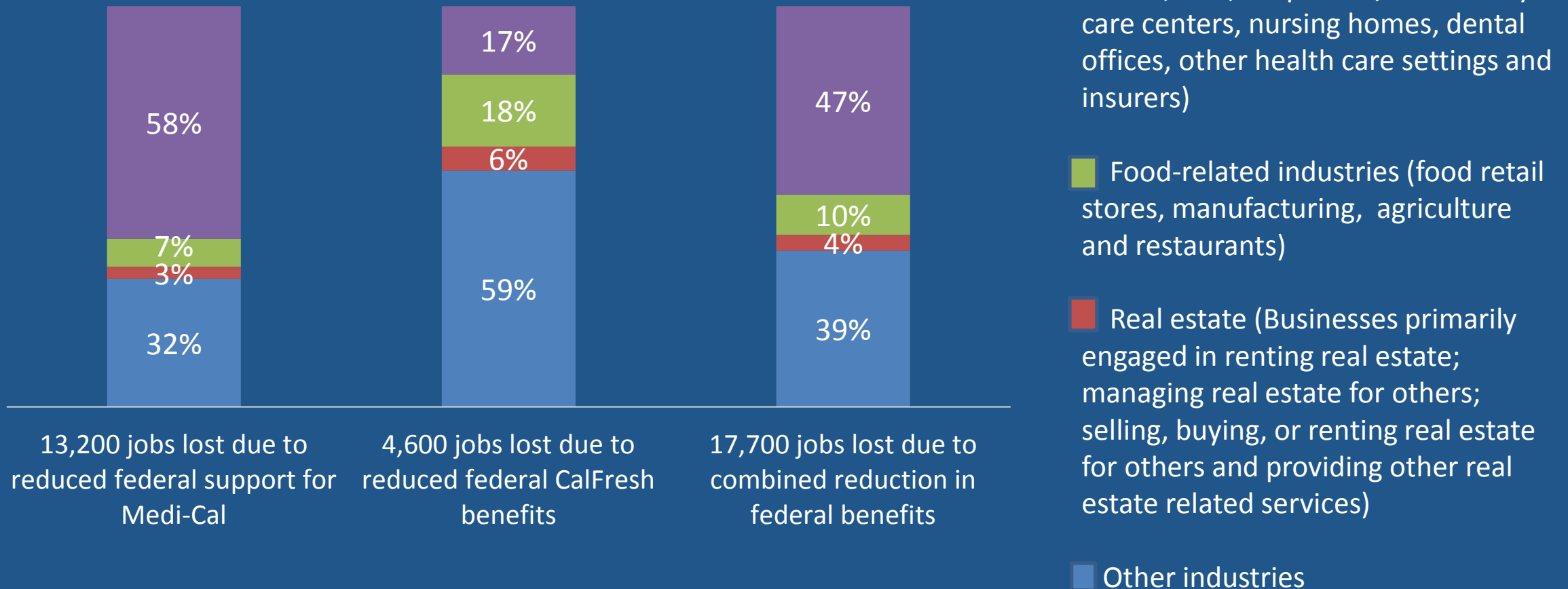
Estimated economic effects

-7,600 to -17,700 = lost jobs
-\$1.2 to -2.8 billion = lost economic output
-\$65 to -151 million = lost state/ local tax revenue

Modeled using IMPLAN, an industry-standard input-output economic modeling software package

Top 3 CA Industries with Job Losses under 35% Disenrollment Scenario

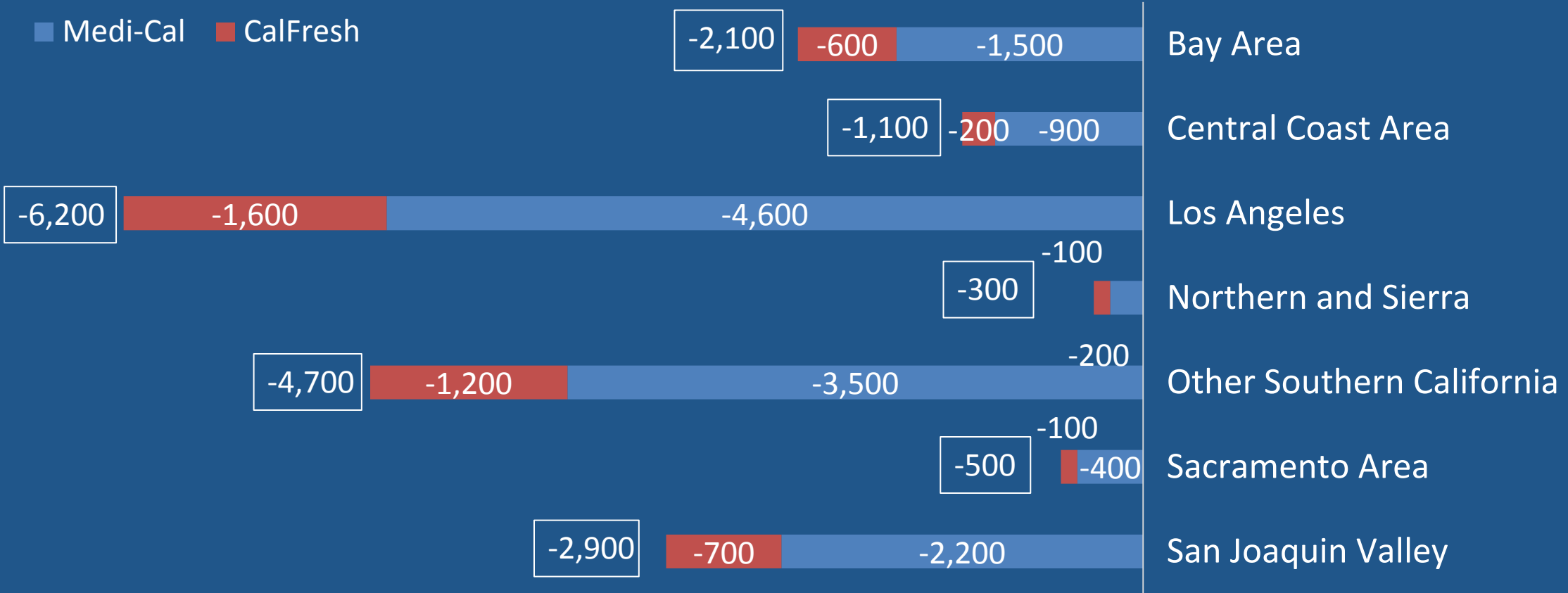
Distributions of estimated job losses by industry



Note: Analysis using IMPLAN. Estimates are rounded to the closest 100 jobs.

17,700 Estimated Lost Jobs under 35% Disenrollment Scenario, Distribution by CHIS Region

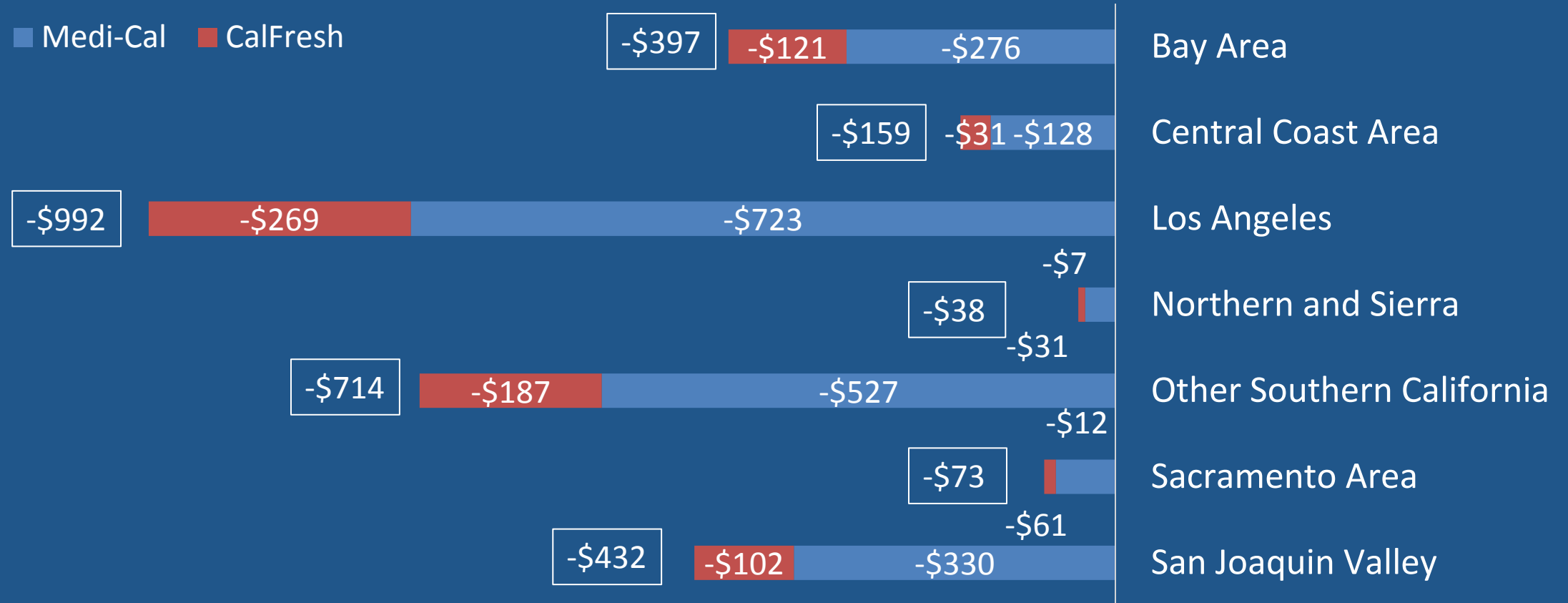
Jobs lost due to reduced federal benefits:



Source: Analysis using IMPLAN. Note: Estimates are rounded to the closest 100 jobs.

\$2.8 Billion Estimated Lost Output under 35% Disenrollment Scenario, by CHIS Region

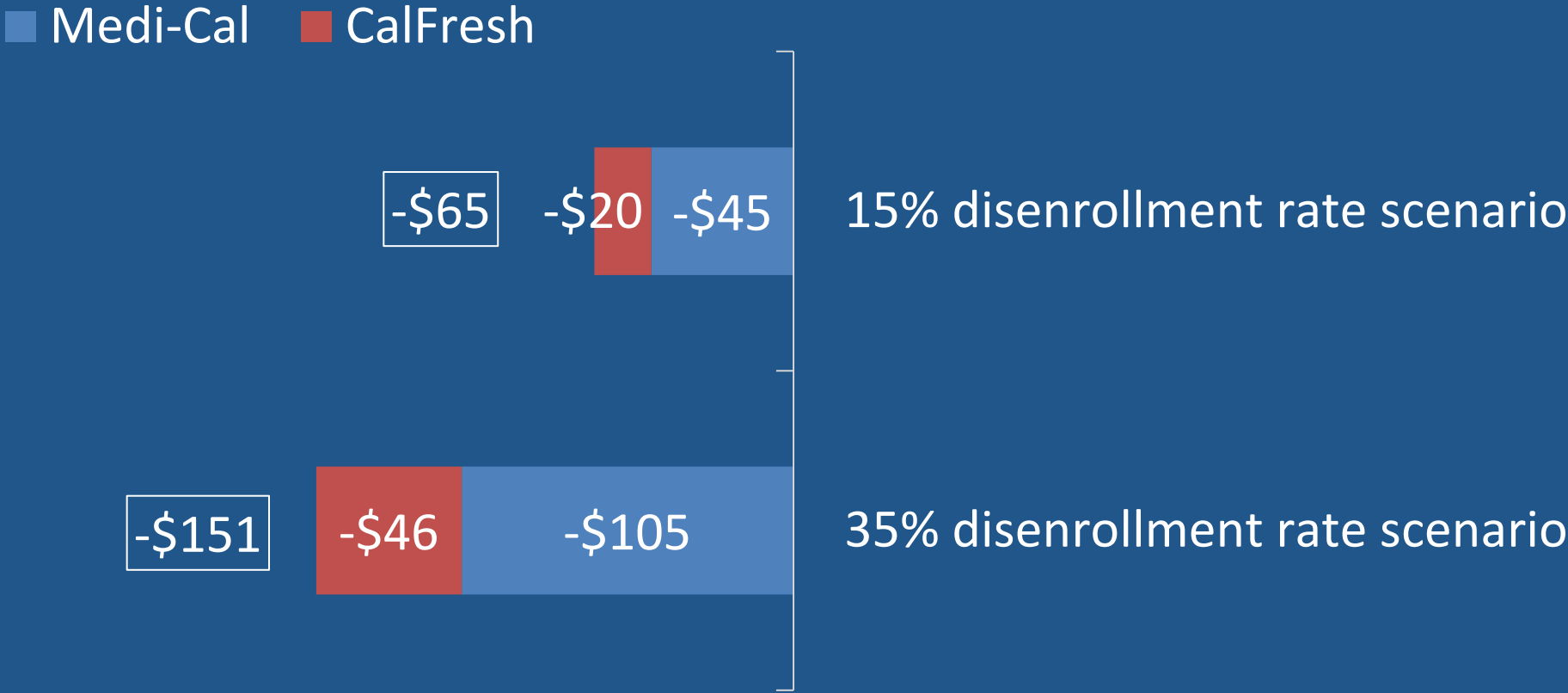
Lost economic output (\$ millions) due to reduced federal benefits:



Source: Analysis using IMPLAN. Note: Estimates are rounded to the closest 100 jobs.

State and Local Tax Impacts


Lost state and local tax revenue (\$ millions) due to reduced federal benefits:



Source: Analysis using IMPLAN.

TAKING ACTION

Taking Action: Timeline

- 
- Oct. 10: Notice of proposed rule-making posted for public comment
 - Oct. 10 - Dec. 10: Public comment period
 - Agency must read, count, and respond to comments
 - Final rule published, taking effect 60 days later

The proposed 'public charge' rule would place unnecessary barriers between immigrant families and the programs that help them stay healthy and well-nourished.

We will fight back.

#ProtectFamilies

- Public comments DO work to change policy
- The number of comments matters (100,000)
- Commenting is NOT lobbying
- ANYONE can submit comments

Taking Action: Best Practices

- Comments should be “unique”
 - 1/3 of words, start with your own
- Don't submit comments in languages other than English
- Don't suggest corrections: Goal is to stop, not “fix”
- Don't mention programs NOT already included in the proposed rule (e.g., WIC, schools meals)
- Do oppose the expansion of the rule to any of the proposed additional programs

Taking Action: Resources

- Model comments, FAQs, and other resources available from many
 - <https://protectingimmigrantfamilies.org/>  TAKE ACTION FAQs RESOURCES
 - cfpa.net/subscribe 
 - <https://aapiprogressiveaction.salsalabs.org/publiccharge-ahs/index.html>

Submit comments: <http://bit.ly/CommentCA>

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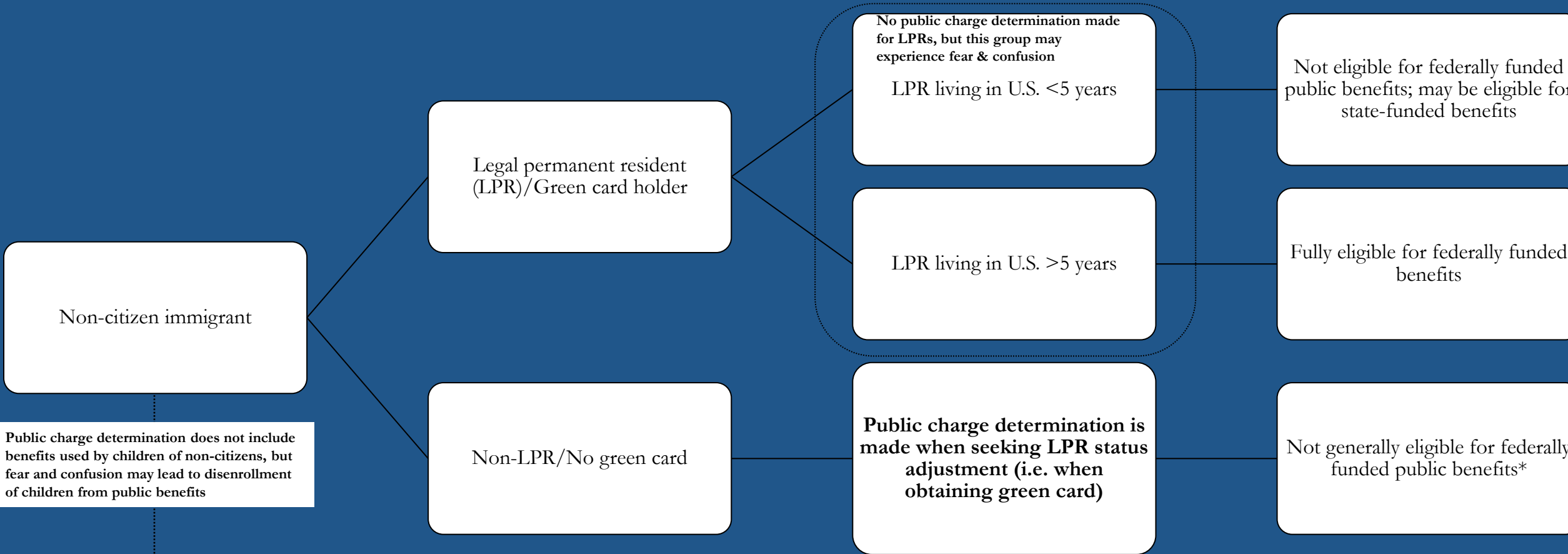


Jared Call

Highlights for Q & A

- Lives touched
 - Nearly **2.2 million** Californians enrolled in CalFresh and/or in Medi-Cal
 - **~765,000** would disenroll from either program under 35% disenrollment scenario
 - Nearly **70% of lives touched are children**; Mostly Latinos and Asians; **9 in 10 Latinos**
- Economic Impact
 - **\$718 million to \$1.67 billion** in lost federal benefits
 - **17,700** estimated lost jobs under 35% Disenrollment Scenario—47% in healthcare, 10% in food, 4% in real estate industries
 - **\$2.8 billion** estimated lost output under 35% Disenrollment Scenario
 - **\$151 million** in lost state and local tax revenue
 - All regions affected

Additional Slides



Public charge determination does not include benefits used by children of non-citizens, but fear and confusion may lead to disenrollment of children from public benefits

Child of non-citizen immigrant

*Note: refugees, asylees, active duty Military, Veterans, w/ special visas for victims of violence or trafficking, w/ 40 quarters of work, born before 1931 & lawfully present since 1996 eligible for public benefits but excluded from public charge determination

Fully eligible for federally funded benefits: U.S. citizen children

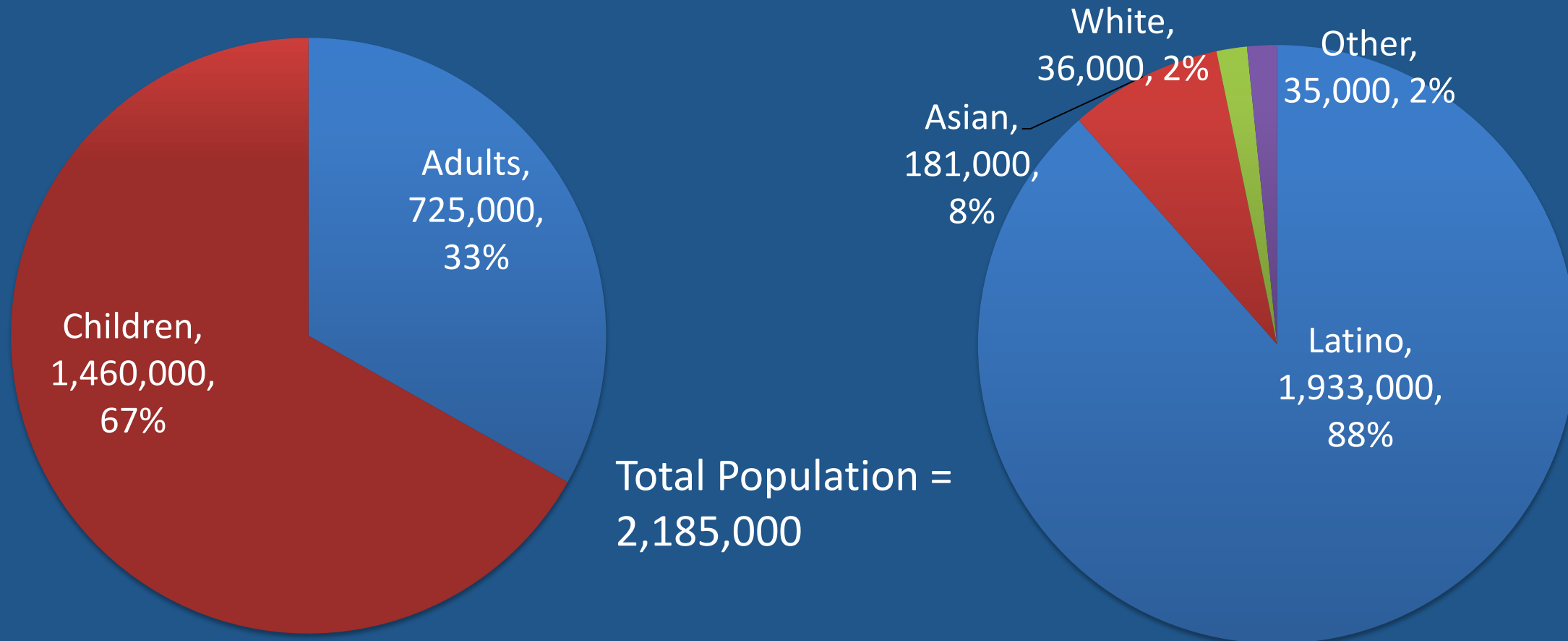
Recent Research Estimating the Chilling Effect Impact of Proposed Public Charge Rule

Study	Population	Dataset	Estimated total population	% dis-enroll	# disenrolled
Migration Policy Institute, June 2018	Immigrants in a household where a member used a public benefit (Medicaid/CHIP, SNAP, SSI, TANF) in U.S. + U.S.-born children in families where an immigrant member used a benefit	2014-16 American Community Survey	26.9 million (US)	20-60%	5.4–16.2 million in Medicaid/CHIP, SNAP, TANF & GA, SSI (US)
Fiscal Policy Institute, October 2018	Adults and children living in a family with a non-citizen in U.S. and received at least one public benefit	2013-15 Current Population Survey	24 million (US)	15%, 25%, 35%	3.6-8.4 million in Medicaid/CHIP, SNAP, housing assistance, SSI, TANF, GA
Kaiser Family Foundation, October 2018	Individuals in a household with a non-citizen in U.S. and enrolled in Medicaid/CHIP	2014 Survey of Income and Program Participation	14 million (US)	15%, 25%, 35%	2.1-4.9 million in Medicaid/CHIP (US)

Recent Research Estimating the Chilling Effect Impact of Proposed Public Charge Rule

Study	Population	Dataset	Estimated total population	% disenroll	# disenrolled
Kaiser Family Foundation, May 2018	<u>Children</u> with a non-citizen parent in U.S. and enrolled in Medicaid/CHIP	2017 Current Population Survey	1.6 million (CA) 5.8 million (US)	15%, 25%, 35%	235,040-548,450 in CA in Medicaid/CHIP 875,000-2 million in Medicaid/CHIP (US)
Children's Partnership, November 2018	<u>Children</u> with a non-citizen parent in U.S. and enrolled in public benefit (Medicaid/CHIP or SNAP)	2014-16 American Community Survey	1.6 million in Medi-Cal (CA) ~888,000 in SNAP (CA)	15%, 25%, 35%	269,000-628,00 in CA in Medicaid/CHIP 113,000-311,000 in CA in SNAP
California Health Care Foundation, October 2018	<u>Children</u> in need of medical attention, living in household with a non-citizen in U.S. and enrolled in Medicaid/CHIP	2011 Medical Expenditure Panel Survey & National Health Interview Survey	4.8 million (US)	15%, 25%, 35%	700,000-1.7 million in Medicaid/CHIP (US)

Medi-Cal and/or CalFresh: Chilling effect population



Notes: Enrollment estimates are rounded to the closest 1,000 individuals. Estimates may not sum to totals due to rounding.